GPSpeak

Through older eyes ...

Older volunteers

Integrated care

Koori music & art

Quarterly magazine of Northern Rivers General Practice Network

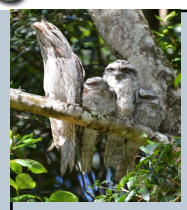
Winter 2016

GPSpeak

Journal of the Northern Rivers General Practice Network

Published by:
Northern Rivers General Practice Network
PO Box 106, Lismore, NSW 2480
Ph: 0266 224453 Fax: 0266 223185
editor@nrgpn.org.au ● www.nrgpn.org.au

Contents



Our stunning cover image of a mother Frogmouth and her chicks was taken by local resident Wal Bailey. A fine photographer and a new member of the octogenarian club, Wal personifies the health benefits that can be enjoyed when older people engage in hobbies, volunteering work and other activities that keep them in touch with the wider world. This topic is one focus of this Winter issue of GP Speak.

Illustration P 12 by Dougal Binns, Graphiti Design

GPSpeak on the Web

www.gpspeak.org.au

Search

All articles in GPSpeak can be found by searching the website. Click the articles' links to directly access references and other resources mentioned in the the print edition.

Subscribe

Get the latest from GPSpeak by subscribing to the newsletter that comes out once or twice each month. Add your email address to the form in the right sidebar.

Write

Unless otherwise stated all articles in GP-Speak can be reshared under the Creative Commons Attribution-ShareAlike 3.0 Australia license.

GPSpeak welcomes contributions from members and the general public.

Tweet

Follow @gpspeak and comment on #gpspeak.

GPSpeak

Northern Rivers General Practice Network

Editorial - Technology and the Meaning of Life

Dr David Guest

NRGPN Chair

"O Deep Thought computer," he said, "the task we have designed you to perform is this. We want you to tell us...." he paused, "The Answer."
"The Answer?" said Deep Thought. "The Answer to what?"
"Life!" urged Fook. "The Universe!" said Lunkwill.
"Everything!" they said in chorus.
Deep Thought paused for a moment's reflection.
"Tricky," he said finally.
- The Hitchhiker's Guide to the Galaxy

Tricky indeed.

Computers, or more particularly their interconnections, are changing our lives. Visits to the bank, or even an ATM, are increasingly rare. Handling cash is a nuisance so we go to the store that takes PayWave in preference. Online shopping through PayPal provides safe transactions and a wider range of goods than the biggest store.

Governments around the world are embracing this phenomenon. Australia's myGov website is a portal to many services. You can access your details with the Tax Office, Superannuation, Medicare, DVA, Centrelink, Aged Care Services, Child Support as well as several other services. Simply log on with your user name and password and enter the security code sent to your mobile.

There are challenges, however. You cannot remember your password. Your security code has gone to your old mobile number. You cannot spell your mother's maiden name. With perseverance and lots of calls you will probably get back on line, so maybe handling cash and waiting in queues weren't so bad.

In this edition of GPSpeak, Peter Machell from HealthIT computing ponders moving your computer infrastructure to the "Cloud" (page 19). While this is almost certainly inevitable for future general practice, the current concerns about privacy and accessibility will make most GPs justifiably cautious.

The push to online services may have a stronger case for other medical professionals. North Coast Radiology Group have launched their new Online Support services for general practitioners and patients. In the era of filmless radiology we are increasingly dependent on access to the radiologist's database to view the images. Practices will also find it useful to download radiology request forms if only for the patient information about the investigation.

The push to online services may have a stronger case for other medical professionals. North Coast Radiology Group have launched their new Online Support services for GPs and patients. In the era of filmless radiology we are increasingly dependent on access to the radiologist's database to view the images. GPs and their staff will also find it useful to download radiology request forms if only for the patient information about the investigation.

Patient management is also increasingly cloud based. The National e-Mental Health Strategy has a web first approach aimed at people with mild to moderate symptoms of mental illness.

Similarly, pain management resources provided by the NSW Agency for Clinical Innovation are a valuable resource for both the patient and his treating health team as described by Andrew Binns on page 17.

The pain management workshop held in February this year under the auspices of the North Coast Primary Health Network (NCPHN) and the Northern NSW Local Health District explored ways to manage this common condition using appropriate resources from both the primary and secondary sectors.

The closer collaboration between these two organisations is also starting to bear fruit in local e-health. As reported on page 15, GPs of patients enrolled in the Integrated Care Collaborative are now getting admission and discharge notifications. This is statewide first and the first step in improving the handover of care from primary to secondary systems and back again. Consolidating the business processes arising from this improved information flow, and expanding the system to a wider group of patients is a task for the near future.

As technology drives improvements in health care it is easy to lose sight of the patient. Finding meaning in life is important to improving the health of many elderly patients. This can be a hobby, becoming part of a group or volunteering. On page 12 Andrew Binns reminds us of our "ABCs for mental wellbeing" and its theoretical underpinnings in Viktor Frankl's "Third Viennese School of Psychotherapy".

On page 9, Robin Osborne describes the benefits that accrue to patients, volunteers and society generally from organisations like Northern Rivers Gateway and LINC National.

Our cover features a stunning image of tawny frogmouth owls captured by octogenarian, Wal Bailey. His passion for photographing local wildlife has created a rich treasure trove of images. His many photos, such as those found on page 11, are available licence free for public display to NRGPN members.

On page 5, Dr Jane Barker's article "First do no self-harm" reinforces the value in taking care of both ourselves and our junior colleagues.

Finally, the amazing story of The Brotherhood of the Blues (page 7) shows what can be achieved even when the cards are stacked against you.

Information and communication technology (ICT) changes society subtly and usually in small incremental steps, but it is through caring and sharing with others that we find satisfaction and meaning in our daily lives.

See 42 for the complete solution to this problem.

Fed funding is tip of the Ice-berg

While alcohol is known to cause society the most harm, the conspicuous behavior of crystal methamphetamine, a.k.a. Ice, users has earned this drug a reputation as public enemy No. 1.

Users are known to become quickly addicted, and when high on the drug can be fearlessly violent, becoming the scourge of police, hospital emergency departments and any members of the public unlucky enough to encounter them.

Ice is increasingly being targeted by authorities, not least on the North Coast where a Taskforce Forum was held a year ago to discuss what should be done.

The first clear outcome is a $5.7 funding package, announced on 12 May, near the start of the federal election campaign, by marginal seat holder Kevin Hogan, the MP for Page, and visiting Senator Fiona Nash, the Minister for Rural Health.

On the same day, three men were arrested for allegedly smuggling 42kg of ice into Australia, said to be the equivalent to 420,000 street deals.

The local funding will be managed by the North Coast Primary Health Network, which will, in Mr Hogan's words, "develop drug treatment services and help reduce the demand for this very dangerous drug."

From 1 July, the PHN will allocate the money to provide extra rehabilitaiton services.

Attending the announcement was former 'ice' user Shana Miller, now a high achieving university student who moved to Lismore from Kingaroy, Qld.

Leaving had been essential to escape the peer influence of drug users and the boredom of life.

"It is possible to recover and go on to have a wonderful, successful life," she told a gathering that was impressed by her courage and moved by her story. During the height of her addiction, she even avoided seeing a doctor out of fear that she would be incarcerated and lose her two young children.

Former 'ice' user Shana Miller, the Member for Page, Kevin Hogan, North Coast Primary Health Network chief executive, Dr Vahid Saberi, and Senator Fiona Nash, the Minister for Rural Health.

To ensure that alcohol and drugs such as cannabis, heroin and prescription medications also go under the microscope, the PHN has arranged a broad summit for organisations working in this field. Appropriately, it will be held on 6 June - D (for drug?) Day.

UCRH farewells this year's students

The University Centre for Rural Health, Lismore held a student farewell dinner evening Friday May 6th for the departing cohorts of Western Sydney University and University of Wollongong medical students.

The students have been living in the local community for the past 12 months and have undertaken clinical training and education programs on rural and remote public health and multi disciplinary teamwork .

The students are guided and supported by academic leads within the University Centre for Rural Health and their preceptors across General Practices and Hospital specialities .

Valued supporters of UCRH Medical Education Program:- Local Clinicians, General Practitioners and UCRH Academic and administrative staff came together for the medical student farewell dinner.

Seated :Left to right

Dr Harry Freeman

Dr Michael Douglas

Rebekah Herman

Standing –left to right

Libby Kelly

Dr Charlotte Hall

Dr Jeremy Webber

Dr Jane Burges

Dr Graham Truswell

Dr Andrew Binns

Sue Phelan

Dr Jane Barker

Joanne Chad

‘First, do no self-harm’ - Wellness for medical students

by Dr Jane Barker

For the past six years the University Centre for Rural Health has welcomed our students to a “Wellness day”, a day away from wards, lectures and study, to concentrate on how to care for themselves in the medical workplace.

While the Hippocratic oath asks doctors to “First do no harm”, it is imperative that we add to this “First do no self-harm”.

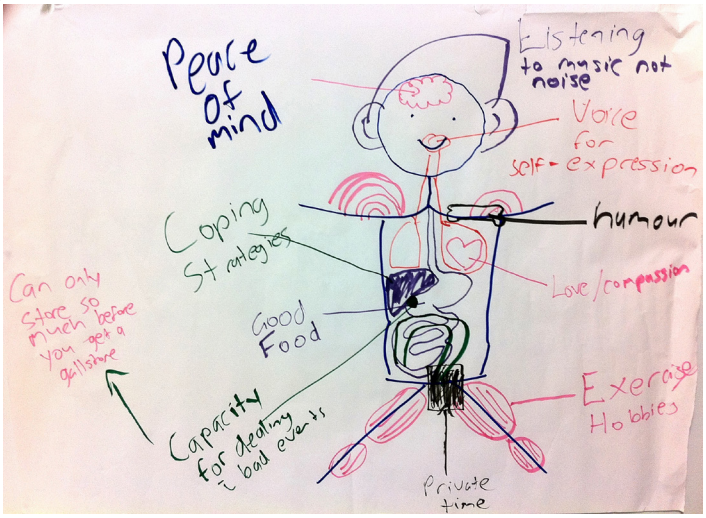
For all its personal rewards the medical profession is a tough environment to work in and some pay a high price for this in burn-out, anxiety, depression and physical illness. For others, it may cause alcohol or drug abuse and broken relationships.

I ask my students whether they would go to theatre with a rusty scalpel blade - of course they laugh, but unless the hand that holds the scalpel blade is steady, the mind clear and the heart open, what we bring to medicine is compromised.

In the current environment, where evidence based medicine (EBM) forms the foundation of training, little thought is given to the Art of Medicine. This is not to deny the value of EBM, rather to say it cannot stand alone.

To bring healing to body and mind there needs to be connection between the clinician and the patient. I think we, in general practice, possibly understand this better than most because for many of us it is that connection, special to Medicine, which also sustains and supports us.

Our relationship with our patients is gold, without it our work may feel empty. I recently talked with a colleague who is considering retirement and it was the loss of these relationships, forged over many years, that was making this decision hard.



In art therapy, students superimposed their experiences in medical training on their concept of well-being.

If our scalpel blade is rusty, if we ourselves are hurting, what is it that that we are bringing to our work, what effect does that have on patient care and what is it doing to us?

Young doctors are expected to work long hours, often in highly emotionally charged environments where patients are

dealing with both physical and psychological distress, and relatives may be fearful and confused. They may feel out of their depth, unsupported, especially in the early hours when they may be alone in ED.

They are dealing with not only the practicalities of medical treatment and the patients’ distress but their own emotional reactions to what they are witnessing. Fortunately, today’s medical training attempts to equip students to deal with this, but little is said about their own self care.

One group of students I work with are given a one-hour lecture on this topic; others receive nothing at all.

Peter Chown, known and valued by many of us through his work with adolescents, started his career working with medical students. He introduces his session on our Wellness day by inviting a student up to the front and asking the group to talk about responsibilities and burdens.

As each responsibility is identified - personal issues, money problems, exams, performance anxiety, distressing medical situations.... he adds a bag or computer case to the student’s back, so in the end the student becomes a Christmas tree of burdens, and that is indeed what it sometimes feels like.

So our day is designed to offer the students tools they can take into their working life.

Together with Peter’s self-CBT training and doctors leading discussions about how to access care for yourself when you need it, and the barriers to this, we have been blessed with the support of several experienced volunteers who bring programs of gentle exercise, gentle breathing meditations, healing massages, body awareness - simple techniques which are nurturing on the day but may be applied easily into the life of a doctor.

cont on p 6

Local Health District picks new CE

After an extensive search to replace long-serving Chief Executive Chris Crawford, Northern NSW Local Health District has looked within its own headquarters - the coincidentally named Crawford House - to choose his successor.

The new CE is Wayne Jones (right), currently acting in the role, who has held various senior executive roles within the region's health service. These have included managing Lismore Base Hospital, and being Chief of Staff in the CE's office.

The selection of Mr Jones was announced today (5 May) by Dr Brian Pezzutti, LHD Board Chair, who noted the new CE's broad clinical experience in Intensive Care and Cardiology Nursing, combined with an extensive background in health management, service planning and commissioning.

Dr Pezzutti paid tribute to Annette Symes who was acting CE since the start of this year. She will return to her role as the LHD's Executive Director of Nursing and Midwifery.

Self-care (cont from p 5)

by Dr Jane Barker

Some volunteers have been coming faithfully for all six of our Wellness days.

Students have commented how privileged they feel that these volunteers would care enough about them to give their time to joining us.

This year we started our day with hula-hooping exercises which was bonding, entertaining and relaxing, expending that youthful energy readying the students for the gentler and nourishing part of the day.

We often include some group 'Art therapy' where students have been asked to depict positive and negative experiences they have had in Medicine, or to draw their concept of well-being and then superimpose their experience in medical training.

This has helped demonstrate the joy that Medicine can bring -

"When I got to know her my patient invited me to visit them in their home in the bush, built like a honeycomb out of materials from their own farm."

And, "It was so exciting, the first time a patient called me 'doctor'".

Then there are the more difficult aspects - bullying and humiliation by senior doctors, sadness over a child's dying, difficulty with practical procedures, stress of exams.

"The very first time I went to theatre I was called an idiot , an 'F' student, in front of all the staff and other students. I felt like giving up."

Beyond Blues study of medical students showed distress and cynicism, increasing incrementally over their medical training. Are we killing the passion they have for Medicine before they even start?

Feedback from the Wellness day is almost universally positive from both male and female students. The variety in the day seemed to answer students' needs, with some saying massage was the best, others relaxation and developing techniques of self-CBT.

For me, running these days is plainly not enough and raises several issues, namely:

• How can we make medical training not only effective but more nurturing and supportive, not killing the joy and passion students bring in before they even start to work?

• How can we make the medical working environment more sustaining for staff working in it?

• How can we develop a mentoring and support system which encourages self-care and provides doctors with ways of accessing care safely when they themselves are distressed?

One student told me, "It is the first time anyone has given me permission to look after myself, before they have only talked about putting the patient first."

This, after all, is what we are trying to achieve, sowing a seed so that young doctors have some tools to recognise their own stressors, develop personal tools to support and care for themselves, to allow themselves self-compassion, and to know how to access care safely if they become distressed.

Dr Jane Barker is Academic Lead – General Practice, University Centre for Rural Health North Coast

UNIVERSITY OF WOLLONGONG

Abilities with the blues

I walk around this town
dragging my feet on the ground
looking for a good time
that can't be found
so I pack my band I put on a frown
cause love has left this town

- Love has left this town
Brotherhood of the Blues

The moody, black-and-white photo shows three Aboriginal men who, according to the title, comprise the 'Brotherhood of the Blues'. That they play music is obvious: the image is from the cover of a CD.

Less obvious, including when the 4-tracker is playing, is that each was born with a significant illness - two have cerebral palsy, the other has the rare Robinow Syndrome.

The cover, along with their Aboriginality and the fact of disability, is reminiscent of the album artwork for the Arnhem Land singer Gurrumul Yunupingu. But there is one major difference: these guys aren't sweet songsters but gutsy bluesmen, and their ability to crank out the blues has not only put them on disc but on the stage of the recent Byron Bay Bluesfest. They were a major hit with audiences at their two sets, the more so because they were unknowns amidst a line-up of world talent.

"How excited were we?" said Zac Paden, echoing my question.

"20-something year old guys playing to crowds like that...what do you reckon?"

Zac and fellow vocalist Luke Murray are from the local Bundjalung nation, while John Cieslak, vocals and percussion, is from the Yawuru people in northern WA.

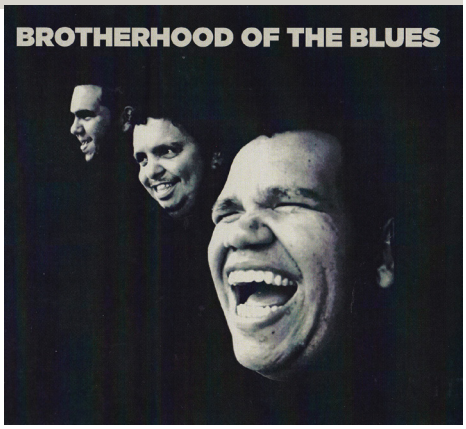
They met through Lismore-based RED Inc (Realising Every Dream Incorporated), and have certainly lived up to the disability support service's name.

All three had played music before, citing early influences such as BB King, John Lee Hooker, and blues-influenced rock artists like Eric Clapton and the Doors. But until a year ago they'd never imagined forming a band, cutting a disc, featuring on SBS and NITV, and appearing at one of the major music events in... the world.

Joining them on the CD, and on the Bluesfest stage, was guitarist Harley Bodenham, an autism sufferer and another RED Inc client, now a regular member of the Brotherhood. A range of other local musicians also lent a hand.

The CD was recorded last year at the highly regarded Studios 301 in Byron Bay, an effort that required some long days and late nights.

"It was a great learning experience," Zac said, "it taught us a lot about ourselves... how we could, and should, go about our work."



A key sideman is support worker Matthew Cassels who accompanied Zac to a national disability conference in Alice Springs where he was a great hit.

"I love the emotion behind blues music," Zac told GP Speak, "it's one of the best ways to tell a story about what's happened to you."

Matthew says the band is now getting regular offers to perform, and is virtually booked until the end of this year. Options are the foursome or the full 10-piece outfit.

Travel is difficult, however, especially as John is wheelchair-bound, and negotiating around airports is especially difficult. This means an overseas trip would be hard to manage, although the potential for such engagements is clearly there.

"Frankly, I'm surprised that the boys are surprised at doing so well," Matt said. "The fact is that there's not another band in Australia like this... guys with significant disabilities belting out original blues songs, and other material... I mean... wow!"

The CD, and a nearly completed, one-hour documentary (working title, "Access All Areas") were supported by the NSW Government's My Choice Matters program. The CD is for sale - $10.00 at RED Inc, 87 Magellan St, Lismore or http://www.redinc.org.au/brotherhood-of-the-blues

It's selling like hotcakes, as it deserves to.

- Robin Osborne

COASTAL VASCULAR GROUP

CONSULTANT SURGEONS

DR DOMINIC SIMRING
DR ANTHONY LESLIE

All correspondence to:

Suite 4, Level 2
St Vincent's Specialist
Medical Centre
20 Dalley Street
Lismore NSW 2480

T (02) 6621 9105
(02) 6621 6758
F (02) 6621 8896
WEB: www.coastalvascular.com.au
EMAIL: info@coastalvascular.com.au

Rapid Vascular Referral:
0401 175 995

OTHER CONSULTING LOCATIONS

CASINO
North Coast Radiology
133-145 Centre Street

GRAFTON
Specialist Suites
146 Fitzroy Street

BALLINA
John Flynn Specialist Suites
79 Tamar Street

TUGUN
Suite 2B
John Flynn Medical Centre
42 Inland Drive

ARMIDALE
3/121-123 Allingham Street

GLEN INNES
East Avenue Medical Centre
39 East Avenue

Coastal Vascular Group and Northern Rivers Vascular are proud to be sponsors of GPSpeak, supporting GPs in Northern NSW. As one of the largest regional vascular practices in Australia, we are committed to providing a comprehensive world class service to the people of the Northern Rivers and surrounds. Our main office is at St Vincent's Hospital, Lismore and we provide an outreach service at numerous locations. Our practice specialises in the latest minimally invasive treatments for arterial and venous disorders.

Dr Dominic Simring
BA BSc(Med) MBBS (Hons) FRACS (Vasc)
Vascular and Endovascular Surgeon
Senior Lecturer, School of Medicine, UWS
Supervisor of Surgical Training, Lismore Base Hospital
Member, NSW Regional Board in General Surgery

Dr Anthony Leslie
BSc(Med) MBBS FRACS (Vasc)
Vascular and Endovascular Surgeon
Senior Lecturer, Department of Anatomy, University of New England Rural Clinical School
Vice-Chair Anatomy Sub-Committee, Royal Australasian College of Surgeons

StVincent's LISMORE
More than just a hospital.

Older-age volunteering returns the favour

Staying engaged with society is a vital factor in personal wellbeing, especially for retirees. As ***Robin Osborne*** *finds, local volunteers are deriving great benefits from the help they provide others.*

"There's no doubt volunteer work makes you feel younger", says Joy Hall who grew up around Lismore and for the past 36 years has been donating significant chunks of her time to helping local people in need.

Meals on Wheels is her current volunteering focus - the sprightly octogenerian helps with home deliveries and serves on the organisation's committee.

Her view is shared by Philip Penwright, one of around 20 volunteers at the Northern Rivers Community Gateway, which coordinates community support and information resources in the area. Volunteering Northern Rivers is one of the groups under its umbrella.

"It not only helps you feel younger but serves to remind you of how fortunate you are. One day I took four calls from people living in their cars.

"It also brings you into contact with a range of interesting people," Philip adds.

'Contact' may be the key word - research and anecdotal experience confirm that social interaction is a vital part of people's emotional, and as a result physical, wellbeing. This is especially important as we age.

Another group attracting older volunteers is the Alstonville branch of LinC www.lincnational.org.au which has been operating for 18 years. The telephone referral service coordinates around 70 volunteers from the main local churches who transport clients to medical appointments, assist with shopping and do home visitation for people needing social contact.

Board Secretary Ruth Cook, now retired, feels that, "Volunteering keeps me active and in contact with people I would not normally meet. There are inbuilt rewards - a feeling of still being useful, of being able to help people, and doing something worthwhile. I understand research shows that volunteers live longer!"

Most LinC volunteers are "not young", she adds, "But as older volunteers we can begin to identify with the issues of ageing, declining health and mobility, and understand the vulnerability of people in these situations."

"Volunteers enrich the fabric of society and strengthen their local communities. They embody the notion that we are all responsible for each other in our communities, in some way. Life is richer when we feel connected to our community when we volunteer or benefit through the actions of volunteers"
- Jessica McDonald

Volunteers Joy Hall and Philip Penwright, with Social Inclusion worker Jessica McDonald.

Joy and Philip agree, as does Jessica McDonald, the organisation's Project Officer for Social Inclusion, who can't speak highly enough of the value of volunteering, as much for the generous providers of time as for those conventionally seen as the beneficiaries.

"Here at Northern Rivers Community Gateway we support over 120 organisations and there are close to 100 volunteers engaged within our own organisation," Jessica told GP Speak.

"We treasure our volunteers, many if not most of whom would be over 50s. They come to volunteering for different reasons and have very diverse life experiences and skills to contribute.

"Some people are really outgoing and want to have contact with clients, while others want to do something contained and quiet, but still meaningful. We sit with the volunteer, discuss their skills and interests and then aim to match them up with a role that would be interesting."

Up to 20 volunteers assist in the office-based programs at any time, and another 80 within the Community Visitors Scheme (CVS).

Jessica adds that volunteers, who are often provided with training, can be referred to a range of not-for-profit organisations throughout the Northern Rivers region. These range from wildlife caring to the CVS

cont on p 10

Volunteers enrich society (cont from p 9)

whose volunteers are matched with an elderly resident at an aged care facility.

"The aim of this program is to reduce the social isolation and loneliness of residents of aged care facilities in the greater Lismore region, Casino and the Byron Shire."

Certainly the local area has a volunteering record to be proud of: the last ABS report showed that in postcode 2480 some 23.2% of adults were engaged in voluntary work, compared to the national percentage of 17.8%. This equated to 8,263 people engaged in voluntary work through an organisation.

At the national level, it was estimated in 2011 that the value of formal volunteering to the economy was worth $24.5 billion, up by one-quarter over five years.

As may be gathered from Joy and Philip, there is no such thing as a 'typical volunteer', even though their responses to volunteering are remarkably similar.

LinC volunteer Ruth Cook assisting Alstonville resident Christine Piling, aged 87, with her shopping.

"We meet people from many circumstances, cultures, ages, religions, professions, etc.," Jessica explains.

"Our office-based volunteers tend to be people who have had experience in professional and/or administrative roles and who have valuable communication skills....

"We commonly host volunteers who have retired and who are looking to give back to their community. Without volunteers our communities would be missing so much of this and simply wouldn't function as wholly nor as inclusively."

The same may be said for volunteers themselves, who are finding a new lease on life through their selfless efforts. Suggesting the possibility of volunteering may be another useful tool for GP's working with older patients.

As Joy Hall says, "You don't need pills when you're volunteering... you just need an active mind. It gives you something to wake up for, and there's something most people can find to do."

For inquiries about community volunteering, contact Northern Rivers Community Gateway on (02) 6621 7397 e: vpo@nrcg.org.au www.communitygateway.org.au

- Robin Osborne

Prescribing new Hep C treatments

In consultation with a gastroenterologist, hepatologist or infectious diseases specialist experienced in the treatment of hepatitis C, GPs can now prescribe the new interferon-free treatments for the disease.

North Coast Public Health Director Paul Corben said, "The three main public treatment services in Port Macquarie, Coffs Harbour and Lismore (and their respective outreach clinics) will be using a faxback service, although it is still early days and not all clinics have access to the full range of specialists yet."

Faxback forms and details of referral requirements are available from the clinics in the first instance.

"The clinics are in the process of updating the Health Pathways website and the LHD websites and information on management will be posted there soon." Mr Corben added.

Local updates will be published in the NCPHN fortnightly newsletter as changes happen.

Essential reading for GPs interested in prescribing the new drugs is available from the GESA website.

Further details from the regional Liver Clinics at Lismore (6620 7539), Coffs Harbour (6656 7939) and Port Macquarie (02 6588 2750).

Our world through older eyes ... Wal Bailey profile

Wal Bailey, turning 80 at the time this article was being prepared, is a platypus whisperer, managing to entice the notoriously shy creatures up from their watery hiding places to the surface.

There, they swim around in circles, putting on a display that seems designed to provide him with maximum opportunity to take wonderful photographs.

Armed with a high-end Nikon digital SLR and telephoto lenses, Wal is happy to oblige, and the results of his encounters over the years are testament to the relationships he has developed with a creature considered by the early colonials to be implausibly bizarre.

Seeing one platypus in the wild is unusual enough - Charles Darwin was the first Britisher to see one, near Bathurst, in 1836. Seeing two of them mating is astounding, as is the fact that the habitat of the animals in question is not a remote outback setting but the aptly named Platypus Park nature reserve in Lismore's crowded suburb of Goonellabah.

Wal Bailey, long retired from a building supplies business in Sydney, lives a few minutes walk from the reserve. Every morning for several years he has set off, camera gear packed securely in a wheeled trolley, to see what animals and birds might pose for him in this stunning, but unlikely place.

His array of images shows the diversity of the area, and the keenness of his eye: lizards, frogs, snakes, and many bird species, from tiny wrens and finches, to the silently engaging frogmouths, kookaburras, rosellas and cockatoos, water birds, and more.

So attuned is he to their environment and habits that he has photographed courting routines, nesting practices, and feeding habits. As much as Wal loves the natural world, he employs some decidedly modern practices to improve his chances of getting a perfect shot.

Along with the camera gear his kit includes an iPad mini with an app featuring a range of birdcalls and a Bluetooth speaker that he hangs in tree branches to attract birds known to be living nearby.

While something of a technology buff - he tinkered with short-wave radios in his early years, even miniaturising one to the size of a matchbox - he uses a computer only to process his photographs, preferring not to be distracted by email or the internet.

And why should he, as there's plenty to see and do in the bushland just down the road.

Searching for meaning in life

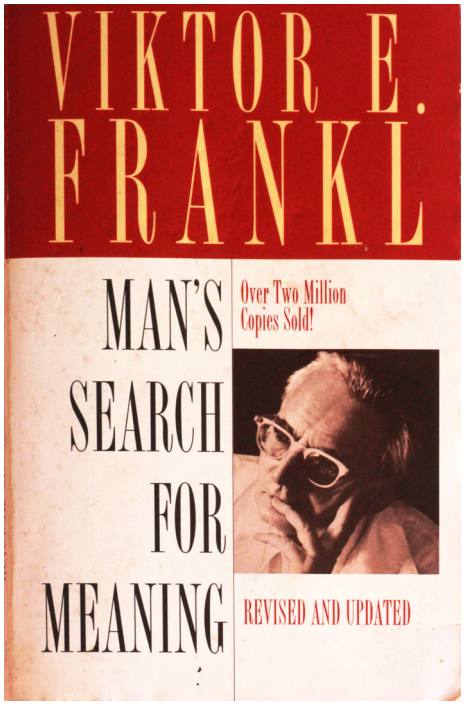
by Andrew Binns

When we are no longer able to change a situation, we are challenged to change ourselves - Viktor Frankl

The many obvious determinants of chronic disease as we age include a history of poor diet and inactivity, smoking, drug and alcohol use but also a less recognised contributor is having a lack of meaning in life. This was examined by the famous Austrian psychiatrist Viktor Frankl (1905-1997), founder of the so-called 'Third Viennese School of Psychotherapy', who pioneered a psychotherapeutic approach to treating depression that he called logotherapy (from the Greek 'logos' or meaning).

In his seminal 1959 book Man's Search for Meaning Frankl, a WW2 holocaust survivor, wrote of how the survival of fellow Jewish prisoners related to the extent individuals had meaning or purpose in their lives. This could be, but was not necessarily, associated with spiritual or religious beliefs. It could also spring from attachments to family, friends, culture, occupation or interests.

A growing body of literature now supports Frankl's view of associating meaning with health. The ability to derive meaning or purpose in life is associated with better physical health, reduced risk of suicide, stroke, and myocardial infarction, as well as reduced overall mortality and psychological wellbeing when faced with chronic pain.



Further work has linked purpose to physiological changes, including reduced inflammatory markers. (References on website)

For older people who have retired, lost close contact with family members who may have moved away for work, maybe widowed or in some way isolated from previous lives, it is so easy to become depressed. Finding meaning in life can be crucial to maintaining health and wellbeing for all age groups. Many find meaning by volunteering or helping a needy person.

Our feature story in this edition of GPSpeak tells of an elderly local resident, Wal Bailey, who has found a strong sense of purpose in his life by photographing the amazing wildlife along a local nature reserve, and sharing those photos with the community.

One must be inspired by his work and his ability to lift the spirit of passers-by and anyone viewing. His superb images, which are truly eye opening reminders of the environment around us, add another dimension and appreciation of nature along this beautiful walking track.

The A-B-C to-do list for mental wellbeing

Maintaining our mental health is just as important as keeping physically fit. Professor Rob Donovan from Curtin University in WA has developed a health promotion campaign called Act-Belong-Commit (A-B-C) based on extensive research.

This comprehensive campaign encourages individuals to take action to protect and promote their own mental wellbeing as well as organisations to provide mentally healthy activities to promote participation in those activities. The A-B-C guidelines for positive mental health provide an approach that we can easily adopt:

ACT: ***"Do something"***

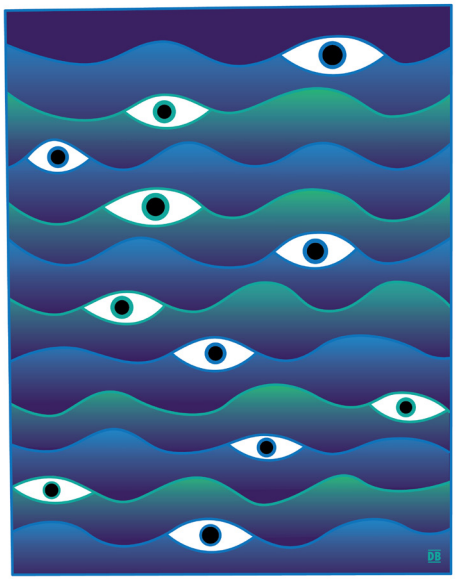
Maintain or increase levels of physical, cognitive and social activity.

BELONG: ***"Do something with someone"***

Maintain or increase level of participation in groups if already a member, or join a group. Maintain or increase participation in community events and with family or friends. For example, become a volunteer.

COMMIT: ***"Do something meaningful"***

Set goals, learn a new skill, challenge yourself, help a needy person. This may involve joining a committee.



Vaccine refusers proving hard to sway

Amended NSW legislation requiring child care centres to record the vaccination status of enrolled children has succeeded in reminding families of the need to keep vaccinations up to date.

However, there has been little if any impact on those families regarding themselves as 'conscientious objectors', or vaccine refusers.

These are the key results of research conducted at child-care centres in the NSW Northern Rivers by a team that included Dr Sabrina Pit of the University Centre for Rural Health North Coast, and Marianne Trent of the North Coast Public Health Unit. Two of the 12 targeted child-care centres declined to participate in the study.

The research, published in the journal Public Health Research & Practice, was conducted in an area with one of Australia's lowest vaccination rates and the highest number of refusers.

The national average for full immunisation of 5-year-old children is 91.5%, but postcodes around Byron Bay drop to just 66.7% of 5-year-olds being fully immunised.

The study said a similar localised trend had been noted in the US where growing anti-vaccination sentiment has seen parents vaccinating selectively or refusing vaccinations. This has led to "geographic clustering of unvaccinated children who have a higher risk of contracting vaccine-preventable diseases".

The issue hit the news recently when a much-criticised film promoting anti-vaccination, Vaxxed: From Cover-up to Catastrophe, was pulled from the Tribeca Film Festival in New York. The film was directed by the discredited, former UK doctor Andrew Wakefield who wrote fallaciously of a connection between the measles, mumps and rubella vaccine with autism.

The researchers focused on the compliance of Northern Rivers child-care facilities in collecting evidence of complete vaccination or approved exemption before allowing a child's enrolment. This requirement is in accordance with a recent amendment to the NSW Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013.

While non-vaccinated children may still attend child care, a centre's failure to record vaccination status makes it liable for prosecution. Having proper records means that as a precautionary measure non-vaccinated children can be excluded in the event of an infectious disease outbreak.

The children of parents with an approved Vaccination Objection form can attend childcare, but under the "No Jab-No Pay" provision are not entitled to receive the Centrelink benefits attached to vaccination. These benefits are the Commonwealth's Child Care Benefit and Child Care Rebate, and the Family Tax Benefit Part A. Conscientious objection is no longer an exemption category for family vaccination requirements.

Marianne Trent said it was unlikely that the compliance effects of the No Jab-No Pay policy would be seen until at least the September 2016 data is recorded.

Interviews with centre directors showed they felt the NSW amendment was "a positive step in improving vaccination rates", with its impact being largely complementary to other components of the vaccination policy.

The interviewees felt the change had been successfully implemented, and particularly fulfilled its aim of prompting parents who had forgotten to vaccinate.

This accords with comments by NSW Health Minister Jillian Skinner who said recording a child's vaccination status is part of a "multifaceted approach to lifting the vaccination rate."

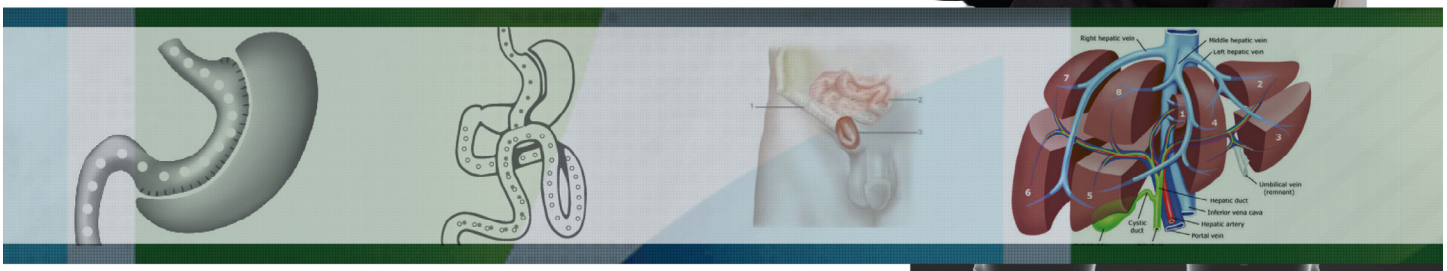
The strategy includes school-based vaccination days for older children and community education programs.

However, the child-care centres believed the latest requirements had failed to significantly affect the vaccine refusers.

* Public Health Research & Practice April 2016; Vol. 26(2):e2621620

www.phrp.com.au

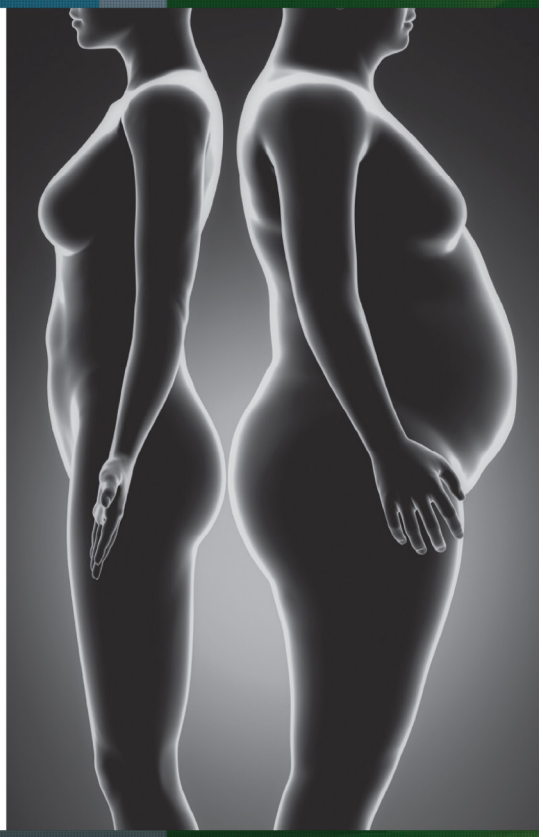
Harald Puhalla
GENERAL SURGEON



Assoc Prof Harald Puhalla, MD FRACS is an experienced general surgeon with a subspecialist interest in bariatric, hepato-pancreatic-biliary and upper gastrointestinal surgery. He was trained at the University Hospital of Vienna under the guidance of international leaders of surgery and has a particular interest in the latest surgical techniques, including minimally invasive treatment concepts.

With a PhD background and an interest in teaching and science he became the Professor of surgery for Griffith School of Medicine at GCUH, where he holds a public appointment.

Harald is known for his compassionate and holistic care to achieve the best possible results for his patients. His bariatric patients especially benefit from his close cooperation with highly experienced bariatric dietitians/exercise physiologist and psychologists.



Services:

- **Weight loss and metabolic surgery** (laparoscopic gastric sleeve, Omega loop gastric bypass, Roux-en-Y gastric bypass)
- **Cholecystectomy and bile duct exploration** (gallstones, advanced laparoscopic bile duct surgery)
- **Hernia** (laparoscopic repair of abdominal wall, inguinal and femoral hernia)
- **Hiatus hernia** (laparoscopic reflux surgery)
- **Liver and Pancreas surgery** (modern cancer treatment concepts with option of laparoscopic surgery)
- **Gastroscopy/Colonoscopy**

Assoc Prof Harald Puhalla is consulting at:

Pacific Private Hospital
Suite 3, Level 6, 123 Nerang St,
Southport, QLD 4215

John Flynn Private Hospital
Level 8, Suite 8B, Fred McKay House
42 Inland Drive Tugun, QLD, 4224

Regular operating lists in **Allamanda, Pindara** and **John Flynn.**

For more detailed information
www.generalsurgerygoldcoast.com.au

Contact Info | Assoc Prof Harald Puhalla

Letterbox 23 123 Nerang St, Southport, QLD 4215
Phone: 07 5503 1633 | Fax: 07 5503 1699 | E-Mail: admin@generalsurgerygoldcoast.com.au

Local Integrated Care Strategy a statewide first

Northern NSW Local Health District is leading the state with a newly commenced, 200-person trial of a key part of its Integrated Care Strategy: Admission and Discharge Notifications (ADNs).

These notifications will immediately and automatically notify GPs when their patients are admitted to, or discharged from, local hospitals.

The trial is focused on selected chronic disease patients and capturing unplanned admissions to hospitals in the Tweed/Byron and Richmond areas, including the major referral hospitals, Lismore Base and Tweed, as well as the district hospitals, such as Casino, Ballina, Murwillumbah, and Byron Central Hospital.

Results of the Notifications Trial will be shared with participating GPs - totalling 55 - and staff at the facilities. An evaluation after three months will be used to review and, where necessary, improve the service.

According to Vicki Rose, NNSWLHD's Executive Director/Allied Health Chronic & Primary Care, the Ministry of Health, Agency for Clinical Innovation and NSW E-health are also closely monitoring the progress of notifications and the evaluation assessment. E-health is believed to be keen on rolling out the service across NSW.

"The intent of this service is to rapidly notify GPs of unplanned admissions, and to provide instant notification of discharge, including indication of death should this apply," Ms Rose explained.

The ADNs initiative will produce a range of patient care benefits, she added.

ADNs are to be delivered independently of discharge summaries, and are designed as an 'informational courtesy note', not a transfer of care.

Scenarios covered by the program include ward admission from ED, ED Short Stay Unit or Outpatient clinic, direct admission (e.g. mental health), and surgical.

Recurring admissions, for example renal and oncology, are not included.

"GPs will be encouraged to 'reach in' to the hospital upon a patient's admission to discuss current medication and other information that the hospital may not be aware of," Vicki Rose said.

"On discharge, a GP will be able to contact Medical Records for a discharge summary before the patient presents for follow-up appointments. This will ensure that any appointment can be scheduled for after the completion of a discharge summary."

The Senior IT Project Coordinator Tim Marsh is available to discuss the notification service with practices, and answer any questions. Contact tim.marsh@ncahs.health.nsw.gov.au

Preoperative iron correction - a North Coast success

Preoperative iron deficiency and anaemia increase the risk of both intra and post-operative morbidity. The condition is common, particularly in planned gynaecological and gastrointestinal disease surgery and in major joint replacement. Emergent treatment with blood products exposes the patient to infection and cross match risks and may delay surgery.

General practitioners are ideally placed to recognise the problem, since they are frequently involved in the diagnosis and early management of all these conditions. Detection of iron deficiency, with or without anaemia, is often the starting point for diagnosing the underlying pathology.

Perioperative blood transfusion is an inferior solution to timely iron replacement. With the advent of new forms of intravenous iron administration, general practices are also ideally placed to correct iron deficiency. Ferinject is available as a PBS listed item and has been listed for clinical use in Australia since 2013. Its key features are its relatively low toxicity and the fact that up to 1000 mg can be administered intravenously in as little as 15 minutes.

To encourage and facilitate practices with this new form of therapy, the National Patient Blood Management Collaborative was formed in April 2015 by the Australia Commission of Safety and Quality in Health Care. Lismore Base Hospital is part of the Collaborative. Working in conjunction with St Vincent's Private Hospital Lismore, it is striving to lower the need for perioperative transfusion.

Part of the strategy is to work in closer co-operation with North Coast GPs and specialists. The initial figures are encouraging showing that pre-operative iron administration is increasing in general practices on the North Coast with a corresponding decrease in hospital transfusions. Shorter hospital stays with fewer complications is welcomed by both patients and hospital administrators alike!

Pathways for the management of both iron deficiency anaemia and Ferinject infusion are listed on Mid and North Coast NSW HealthPathways website.

For more information contact Beverly Hiles, the local Collaborative co-ordinator at Beverly.Hiles@ncahs.health.nsw.gov.au.

New Byron hospital takes the cake

Two NSW ministers came north this week to open the $88M Byron Central Hospital, a facility poised to replace the acute services long provided at Mullumbimby and Byron Bay hospitals, and community health services, including community nursing, at Bangalow, Brunswick Heads and Ocean Shores.

Being housed under the same roof as hospital services, including the 14-bay ED and up to 43 in-patient beds, will enable ambulatory care professionals to liaise more readily with medical staff.

The 20 bed sub-acute mental health unit will "support step-up and step-down services, ensuring people can live well in the community," Minister Goward said.

It will be used by patients throughout the North Coast, not just the local area, and will be opened progressively between now and the end of the year.

Celebrating the official opening of the new Byron Central Hospital on 9 May were (l-r), Ben Franklin, MLC and Northern Rivers resident, Mental Health Minister Pru Goward, former MP for Ballina Don Page, Health Minister Jillian Skinner, State MP for Clarence/Parliamentary Secretary for the North Coast Chris Gulaptis, recently appointed Northern NSW LHD Chief Executive Wayne Jones, and Executive Director of Tweed Byron Health Service Group, Bernadette Loughnane.

An extensive arts program was put in place for the project, with a range of works commissioned from local artists for both the garden area and the interior spaces.

The NSW Government is currently engaged in a Health and the Arts process with a taskforce advising the Minister on how to better integrate arts and health activities across the whole of NSW Health, drawing on the National Arts and Health Framework and the NSW Arts and Cultural Policy Framework http://www.health.nsw.gov.au/arts/pages/default.aspx

Biopsychosocial approaches to pain management

On Saturday 27 February 2016, the North Coast Primary Health Network (NCPHN) held a workshop in Byron Bay on acute and chronic pain management. This large topic was dealt with over four hours and this article will review the highlights and take-home messages of an event that was well attended by GPs and allied health professionals.

The event was well run and chaired by experienced and well-known GP educator Hilton Koppe. The program gave practical advice for managing challenging patients with significant chronic pain.

The keynote speaker was Professor Michael Nicholas, Pain Management Research Institute, University of Sydney, Royal North Shore Hospital. He pointed out that whilst acute pain is a useful warning signal, chronic pain causes major disability and suffering.

Once pain following an injury persists beyond the normal healing time of up to three months the only realistic option is to reduce its impact. The focus needs to be on self management and daily functioning rather than trying to 'fix up' the pain. For a GP this revelation can be a relief from relying exclusively on the procedural or medication approach, which rarely seems to totally succeed for chronic pain sufferers, and may even make matters worse.

Community surveys and clinical studies show consistently that people experiencing chronic pain who employ active self-management strategies, such as maintaining daily activities despite the pain, will undergo less pain-related disability than those who adopt more passive approaches, such as resting or relying on others to perform their daily tasks.

Whilst some people may be able to employ their own graded self-management strategies, many will require help in acquiring these skills. GPs will often need to refer chronic pain sufferers to appropriate structured multidisciplinary pain clinics that use cognitive behavioural methods.

The problem is that there is a dearth of specialised public hospital based clinics, resulting in long waiting lists. Access for people in rural areas is particularly difficult.

As GPs today are collaborating more with allied health professionals there is scope for more community management of chronic pain, whether in the practice setting or private allied health facilities. Alternatives such as these are will be needed in the future to keep up with the burgeoning demand.

In an ageing population, and with surveys showing between 10-30% of the population suffering from chronic pain, the burden of this disease on individuals and the health system is huge. While more self-management is clearly needed, it is not yet evident exactly what works, and more research is needed in this area.

For those with chronic pain, some 60% have disability, with depression also common (50%-80%), and the combination inevitably leading to a poorer quality of life.

Acute pain treatments usually relieve occasional headaches, post surgical pain and epidurals for pain during childbirth, but for those with chronic pain on average the reduction in pain with these commonly used treatments is about 30% at best.

So how effective are long term opioids? A review article in Annals of Internal Medicine (January 2015) concluded there is a lack of evidence for the long term benefit of opioids for pain and daily functioning. In addition, there is evidence for dose dependent risk of harms, e.g. overdose, opioid abuse, fractures, myocardial infarction, opioid induced hyperalgesia and sexual dysfunction. The higher the dose, the higher the risk. There are also the well known side effects of opioids, which disappear with dose reduction.

A comprehensive paper, 'Reconsidering opioid therapy', from the Health Professional Resources, Hunter Integrated Pain Service concluded that existing evidence does not support the long term efficacy and safety of opioid therapy for chronic non-cancer pain. It provides useful tips for weaning a patient off opioids.

A Cochran Study showed a coordinated intervention covering several domains of the biopsychosocial model was more likely to benefit patients with chronic low back pain in the long term than usual GP or medical specialist care or physical treatment alone. This involved teaching patients with chronic pain how to limit its effect on their lives by having them play an active role. This includes adhering to medication, exercise, meditation etc – all with goals understood and agreed to by the patient.

A biopsychosocial framework needs to be explained to the patient rather than simply saying "try this and see if it helps". It is important to

cont on p18

Pain Management (cont from p 17)

validate the pain the patient is experiencing and to differentiate between acute pain (a useful warning) and chronic pain with central nervous system sensitisation (fault in wiring).

There are some excellent resources available for patients and health professionals. One highly one recommended is the NSW Agency for Clinical Innovation's Pain Management Network. This ACI resource is an easy-to-negotiate website for patients, with video interviews and steps for self management. There is also a useful section for health professionals.

Local clinicians can access regional information on local pain management on the North Coast via the HealthPathways website. It may be useful to bookmark this site in your browser and on your desktop.

The ACI has also created purpose-designed care plan and team care arrangement template for GPs and practice nurses for chronic pain management.

So, rather than just writing analgesic scripts for patients re-presenting with chronic pain, aim for more self-management. For those with internet access the Pain Management Network resources mentioned above may be helpful. For others, a care plan with appropriate referrals and reviews will be needed. For the most difficult of cases, referring to a local pain clinic for multidisciplinary care will be required. Whatever treatment is used, the biopsychosocial approach produces the best outcomes.

Cloud Servers for General Practice

by Peter Machell

As more and more services migrate to the web for greater efficiencies and lower cost, GPs are starting to wonder if this is a viable option for at least some of their IT requirements. Peter Machell, principal at HealthIT, outlines the options and the costs.

Cloud computing may sound like a new phenomenon but it's been in mainstream use since Hotmail was launched in 1996.

Most of the time, "The Cloud" just means a (virtual) server in a data centre. A data centre is a dedicated home for servers with big pipes to the Internet. There are data centres throughout our capital cities, and some in rural and regional Australia too.

I like the Oxford Dictionary's definition of cloud computing: "The practice of using a network of remote servers hosted on the Internet to store, manage, and process data, rather than a local server or a personal computer."

Wikipedia talks about "rapidly provisioned and released (computer resources) with minimal effort", and the "sharing of resources to achieve coherence and economy of scale, similar to a utility (like the electricity grid) over a network". The first point is true of all clouds while the latter only applies in what I call the Elastic cloud.

Private Cloud - servers are accessible only through a dedicated network connection. They are not directly connected to the Internet. This method is not cost effective for small business at this time, nor practical for GP use, so we won't be addressing it in this article.

Public Cloud - servers are accessible from any Internet connected location. Security measures should be in place to prevent unauthorised access

Elastic Cloud - resources are increased and decreased "on the fly" and you only pay for what you use. They can be used for either Public or Private clouds.

So should your next server be Cloud or On Premises?

Typically you'd consider cloud if you have fast and reliable Internet access, and any of the following are true:

- You spend more time away from your main place of work than there.
- You want standardised access to your data from any Internet connected location.
- You no longer want the hassle of on premises server/s anymore.

Financial considerations may factor in your decision. A cloud server is usually a monthly flat rate as opposed to a large capital investment every 5 or so years.

Cost comparison - Cloud vs On premises server

Looked at over a period of time a cloud server will typically be a little more expensive than the purchase price and upkeep of an on-premises server. However, this doesn't account for other factors which are often overlooked. Let's compare the current cost of a cloud server to an on-premises one. Figures are taken from real world examples then rounded.

On Premises Server (5 user is a workstation with RAID running Windows Server, costs include estimated installation and licensing).

Users	Setup cost	Monthly cost	5 year total	Per user cost per year
5	6,000	100	12,000	480
10	12,000	200	24,000	480
20	14,000	400	38,000	380

Remember this cost is for the server alone. I have included an estimate to keep it maintained. Not included are the intangible costs like electricity, air conditioning, power protection, backups, higher technical service costs, warranty costs, licensing upgrades.

Single Cloud Server

Users	Setup cost	Monthly cost	5 year total	Per user cost per year
5	1,500	270	17,700	708
10	2,000	465	22,700	454
20	3,000	715	32,700	327

Cost is for a cloud server with licensing for the amount of users, including maintenance but no extras in order to get a good comparison. Add-ons frequently required are Microsoft Office licensing (~$20 per user per month), extra backup system ($20 per month) and extra storage capacity.

There is certainly some economy of scale in both systems. A small surgery can get away with a modified workstation instead of a traditional server, but no such shortcuts exist in the data centre. Once you get to 10 users, cloud is actually cheaper - and remember we're not adding in all those hard-to-measure costs as above.

cont on p20

In the Cloud (cont from p19)

Can I run my own cloud?

You certainly can, especially if you are one of the lucky few with fibre access to the Internet. You can run servers at your location and provide secure access to them from elsewhere. However trying to do this with a relatively slow Internet connection means that the data has to travel at least twice as far, up to the Internet (cloud) back down to your surgery, then back again. In other words your data needs to traverse two small pipes compared to having a server in the cloud where there is only one small pipe between it and you.

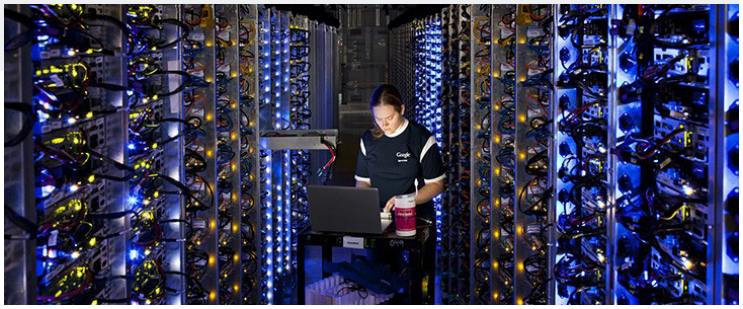
Securely connecting to a public cloud.

Security must be a major consideration in your choice. In general your cloud provider will be renting space in a data centre where physical access to their machines is secured. Ask about the data centre. It's good to know where your servers actually live. Only consider servers based in the same country as you. Ask if backups are off-site and find out where they are too. Some providers will share database servers between customers. This is not a good idea for clinical data. A dedicated virtual server may cost a little more but is mandatory for privacy.

Your connection to your server must be secure. When your clinical and accounting data is accessible from anywhere you want to make sure you know who is accessing it.

VPN - this traditional method connects two networks "Virtual Private Network". In practice you have a two step process where you connect the VPN to establish a secure tunnel between two or more devices, then establish a regular connection to your server as if it was on the same local network as you. VPNs always encrypt (sometimes already encrypted) data and therefore have a speed overhead of between 5 - 10%.

RDG - Remote Desktop Gateway. Properly setup, this allows for the same amount of security as a VPN without the overhead. A Gateway connection is established using a set of credentials (which should be different to desktop and clinical software logons) over a secure HTTPS connection.



Inside a data centre. This one is Google where there are hundreds or thousands of identical racks.

This connection is required before the standard remote desktop connection to your host server is allowed. Because this process is built into the modern RDP clients there is no discernible overhead and this is the preferred method of securely connecting, with Two Factor Authentication (2FA) as an optional extra layer of protection.

2FA - uses two different authentication mechanisms to allow you to connect directly to your server. This works on the same principle as a bank card - you need something you have (card) and something you know (password). In practice this connection usually uses a set of credentials (username and password) and a code sent to a mobile phone. Done properly this is very secure but does require you to have your phone in order to connect.

How to get started?

Talk to your trusted IT provider. They may already have a cloud solution or work with somebody who does. If they are not in contact with your peers or your software vendor, they should be able to give you recommendations on cloud providers. Cutover time is important, especially if you are not in physical proximity to the cloud server. If you have a large data set it may be possible to 'seed' the cloud server so that only an incremental cutover is required prior to live day. Have your provider do a test run and setup cloud access to your data prior to commencing the rest of the project. This will highlight any possible issues with the change.

Peter Machell
peter@HealthIT.com.au

NZ launches 10-year health plan

Unsuccessful with its push for a new national flag, the New Zealand government has enjoyed more success with the launch of a "refreshed" (its term) health strategy, aimed at tackling the challenges of the decade ahead

'Future Direction' has five identified themes about the health system being SMART, People-powered and Closer to home, offering Value and high performance, and operating as One team.

As the document and its companion Roadmap make clear, this idyllic state of affairs has not yet been achieved. Key areas requiring attention include Maori people's health, and mental health.

On the positive side, 90% of New Zealanders say they are in good, very good or excellent health, and ED waits are the shortest in 11 surveyed Commonwealth countries.

However, NZ, like Australia (and elsewhere) has an ageing population, and faces lifestyle threats such as high obesity rates (30% amongst Pacific island children).

"In summary, our system may be functioning well enough today, but we can't guarantee that it will be tomorrow... A key to our success in making these improvements will be our ability to work together."

Bundjalung art is a common language

Many dialects are spoken within the Bundjalung Nation whose boundaries encompass the Northern Rivers and beyond. However, art is an increasingly common language and this bond was further consolidated by an important exhibition of Indigenous works staged at Lismore City Hall in mid-May.

The Ngarakbal Githabal Dialect Exhibition marked the culmination of a three-year Bundjalung project developed by Arts Northern Rivers http://artsnorthernrivers.com.au The aim was to reconnect artists with early mark making techniques to inspire a new Aboriginal art movement based on original cultural designs.

The smoking ceremony was a key part of the official opening at Lismore City Hall.

The body, funded by state and federal governments and local Councils, will continue to support the investigation, rediscovery and connection to cultural heritage by the current generation of custodians.

Indigenous artists from all Bundjalung dialects were invited to submit works for this final exhibition exploring Bootheram Law which uses landscape and the sky as a reference for creation lore.

A total of 67 works were submitted for the show, with exhibitors including well known names like Oral Roberts, Rhoda Roberts, Gilbert Laurie, Digby Moran, and Michael Philp and Penny Evans (the last two have been featured in previous issues of GP Speak).

Digby Moran and his spectacular painting 'Boondies'

In keeping with the 'dialects' theme, the well-attended exhibition opening featured speeches in language, a smoking ceremony and traditional music from didgeridoo and clapsticks.

Another Arts Northern Rivers involvement is the Elders Book project aimed at producing, with the help of 'crowd funding', a book titled Our Way Stories recording the life experiences of local Elders for future generations.

Primary Health Network searches for top projects

The Commonwealth-backed co-ordinator of the region's primary health care has launched a North Coast-wide search for innovative and high-performing projects in out-of-hospital care.

Entries will be reviewed by an expert panel, with finalists and winners to be announced at an Awards dinner at Coffs Harbour in September.

The North Coast Primary Health Network's inaugural Primary Health Care Excellence Awards are designed to showcase the work of health care professionals such as GPs, allied health practitioners, community health workers and social services.

Project submissions will "honour the partnerships, teams and individuals who are working tirelessly to keep the people in our communities healthy and out of hospital," said NCPHN's Chief Executive, Dr Vahid Saberi.

"The Awards will provide an opportunity to showcase the considerable unseen efforts that contribute to improvements to health care provided outside of hospitals," he added.

"NCPHN has an ongoing commitment to fostering and recognising excellence in primary health care... we would like to publicly congratulate those making a difference and say 'we are proud of what you are doing'."

There are four Award categories:

- Innovation, Integration and Partnership.
- Improving Health Care Access and Outcomes
- Reducing Health Inequity
- Promoting Healthy Living

All those working in health, social services and community organisations on the North Coast – Tweed Heads to Port Macquarie – are encouraged to submit their programs and projects for consideration by the award judges.

Submissions close at midday on Friday 3 June. More information and details on how to submit an application can be found at www.ncphn.org.au/excellence/

Experience meets technology

People caring for people

RAMSAY HEALTH CARE

John Flynn Private Hospital is at the forefront of Robotic Surgery on the Gold Coast, investing in the advanced da Vinci Robotic technology with the goal; **to ensure patients in South East QLD & Northern NSW were granted access to the most advanced medical technology.**

The da Vinci Si Surgical System enables our highly skilled & experienced surgeons to provide patients with superior minimally invasive surgical options. While our Urologists were the first to utilise the da Vinci Surgical System in the advanced treatment of prostate cancer, other specialists such as Gynaecologists, General Surgeons, Colorectal Surgeons & Ear, Nose & Throat Surgeons, quickly saw the advantages for their patients & have since successfully adopted the technology.

MEET OUR ROBOTIC SURGERY SPECIALISTS:

Dr Candice Silverman - General & Bariatric
Dr Michael Ghusn - General & Bariatric
Dr Maneesh Singh - Gynaecology
Dr Ross Warner - Colorectal Surgery
Dr Alistair Campbell - Urology
Dr Stephen Bourne - Urology
Dr David Sillar - Urology
Dr Martin Elmes - Urology
Dr John O'Neill - Ear, Nose & Throat Surgery
Dr Sam Dowthwaite - Ear, Nose & Throat Surgery
Dr Michael Busby - Ear, Nose & Throat Surgery

This advanced minimally invasive technology provides our experienced surgeons with enhanced visualisation, precision & control. What does this mean for your patients?

Less pain, less risk, less scarring & a quicker recovery!

John Flynn Private's Robotic Surgery Centre of Excellence...right here on the Gold Coast!

If you would like to find out more about our comprehensive surgical services at John Flynn Private Hospital visit: **www.johnflynnprivate.com.au** or phone: **07 5598 9000**

42 Inland Drive TUGUN QLD 4224

JOHN FLYNN PRIVATE HOSPITAL

My Journey into Robotic Surgery

Advertorial

By Dr Ross Warner, Colorectal Surgeon

Like Bill Gates and Stephen Hawking before me, I suffered from robophobia with a dash of technophobia. The former is an anxiety disorder in which the sufferer has an irrational fear of robots, drones, robot-like mechanics or artificial intelligence. It comes from the Czech word robota meaning "drudgery" and Greek phobos meaning "fear."

Dr Ross Warner adjusting the arms on the Da Vinci Si robot in preparation for a surgical procedure

Technophobia is from the Greek work techne meaning a fear or dislike of advanced technology or complex devices, especially computers.

Let me reassure you all that I was not affected by this to the extent that I was hiding at home in the fetal position. However having studied surgery for 8 years and medicine 6 years prior, this 'new' technology was certainly daunting at first. So what am I talking about? What is the Da Vinci Robot?

Paying homage to Leonardo Da Vinci and the "Leonardo's robot" that is thought to have been made around 1495, Intuitive Surgical has developed and refined the 'Da Vinci Robot' as the most advanced minimally invasive surgical platform. That is, taking laparoscopic or keyhole surgery to the next level. From its science fiction origins the machine has gone through several versions and modifications into the three component machine it is today.

Boldly I took on 9 months of simulated training, dry runs, a 2-day intensive course in Sunnyvale California and then case observations before booking my first day of 3 cases. I will forever be thankful for the guidance of Dr Craig Johnson (from Oklahoma) and Dr Stephen Pillinger (from Sydney) in my initial cases. Also to Tamara Henman for her ongoing support and guidance. I can still remember the first time I sat at the surgeons console and began my first robotic case.

Fast-forward 3 months and I have now successfully completed 20 robotic cases with no robotic or other major complications. I am also cured of my robophobia and technophobia. I am a complete convert in robotics and whole-heartedly believe that this is the way we will be doing surgery routinely in the future. I now recognise, acknowledge and support the medical literature with respect to the improved optics, dissecting and accuracy with which I can perform a bowel operation. Patients are recovering significantly faster, with much less pain and are able to get out of hospital in a shorter period of time.

Dr Warner at the console of the robot

Dr Ross Warner

I am delighted with my progress so far and look forward to the challenges of my cases in the future and pushing the boundaries of robotic surgery. I hope to one day be a mentor and proctor to others, supporting their journey into robotics and helping them achieve great outcomes for their patients.

For further information on robotic surgery at John Flynn Private Hospital please visit www.johnflynnprivate.com.au or call (07) 5598 9000.

JOHN FLYNN
PRIVATE HOSPITAL

Spotlight on Men's Health

EVENT DATE: Wednesday 15 June 2016

PLEASE RSVP BY:
Friday 3 June 2016
Contact – Fiona Humphreys
Telephone: 07 3326 9512
ccqevents@genesiscare.com.au

VENUE:
John Flynn Auditorium
Level 1, Main Hospital Building
Inland Drive, Tugun Qld 4224
(Free parking onsite, dress smart casual)

Genesis Cancer Care Queensland | Prostate Cancer Foundation of Australia | JOHN FLYNN PRIVATE HOSPITAL

Read more at : www.genesiscancercareqld.com.au/news

Gold Coast Prostate Group, Genesis CancerCare Qld and John Flynn Private Hospital invite you a "Men's Health Week" prostate awareness event.

Early detection and treatment of Prostate Cancer is an important topic year-round, this special event is to raise awareness and is open to members of the public, healthcare professionals and community groups. The evening will start with a short welcome and then a firsthand account from a former prostate patient.

Presentations from urologist Dr Alistair Campbell who will discuss surgical treatments and radiation oncologist Professor David Christie who will outline the role of radiation therapy. The evening will wrap up with a story of Hope from author's Dr David Schlect & Damian Mason.

If you have been recently diagnosed or are a family member of someone who has, this event also provides an invaluable opportunity for you to learn more about the latest advances in prostate cancer management, local treatment options and information about regional services. There will also be plenty of time for questions and answers.

Radiation oncology specialists at Byron Bay

Rapid access to advanced radiation treatment for publicly and privately referred cancer patients now available at Byron Bay Specialist Centre.

Dr Grant Trotter and Professor David Christie (Radiation Oncologists) attend the Byron Bay clinic once every three weeks. They have extensive experience in treating all major cancer types including Head and Neck, Lung, Breast, Prostate, Colorectal, and Skin malignancies.

For further information about our Byron Bay clinic service please contact our Tugun centre on (07) 5507 3600 or email: ccq.reception.tugun@genesiscare.com.au

Consultation clinic address:
Byron Bay Specialist Centre
Suite 6 / 130 Jonson Street
Byron Bay NSW 2481

www.genesiscancercareqld.com.au

Genesis Cancer Care Queensland

GenesisCare

Book Review

When Breath Becomes Air

by Paul Kalanithi
The Bodley Head, 228pp
Review by Robin Osborne

In all respects except one, Dr Kalanithi's memoir continues the tradition of fine authorship by US doctors of Indian descent. His most notable predecessors are Siddhartha Mukherjee, author of the Pulitzer Prize winning study of cancer, The Emperor of All Maladies, and the forthcoming The Gene, and Atul Gawande (Being Mortal, The Checklist Manifesto).

The key difference is that while the others still practice medicine and write, Kalanithi's book has been published posthumously, following his death last year of metastatic lung cancer, at the age of just 37.

While the book is thus immensely sad, it is also an inspiring portrait of the mind and work of a brilliant man.

Kalanithi's family, devout Christians, came from southern India and settled in America, initially on the east coast, and then in rural Arizona when a better job opportunity arose for his cardiologist father.

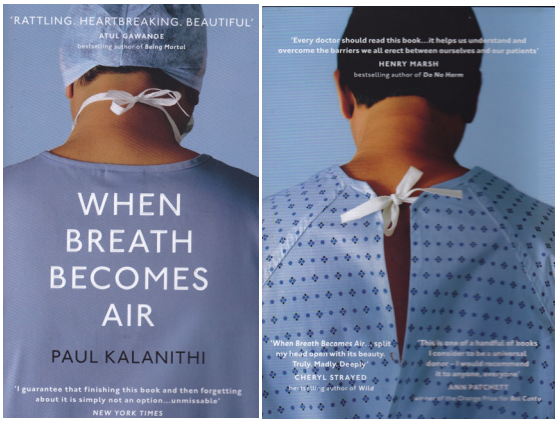
His mother, a physiologist, was so dedicated to educational improvement that "she took it upon herself to transform the Kingman [Arizona] school system."

She sparked his interest in literature - giving him 1984 at age ten - and this would become his first field of study until medicine took hold and became the career choice.

Towards the end of an English lit degree at Stanford he was reading through his course catalogue when a pair of subjects caught his eye: biology and neuroscience.

"I studied literature and philosophy to understand what makes life meaningful, studied neuroscience and worked in an Functional MRI lab to understand how the brain could give rise to an organism capable of finding meaning in the world..."

Kalanithi studied pre-med, completed History and Philosophy of Science studies at Cambridge, returned to the US and entered Yale medical school. His journey to becoming a respected neurosurgeon is marked by insights across the professional and personal spectrums.



"All of medicine, not just cadaver dissection, trespasses into scared spheres," he writes.

"Doctors invade the body in every way imaginable. They see people at their most vulnerable, their most scared, their most private. They escort them into the world, and then back out."

Our mortality, and before long his own, were of particular interest.

"I was pursuing medicine to bear witness to the twinned mysteries of death, its experiential and biological manifestations, at one deeply personal and utterly impersonal."

Later, describing the powerlessness of being confronted by an inoperable case, he writes, "When there's no place for the scalpel, words are the surgeon's only tool... that first conversation with a neurosurgeon may forever colour how the family remembers the death, from a peaceful letting go to an open sore of regret."

Marrying another doctor, Lucy, who writes a moving epilogue to the book, he sees his surgical career blossoming, but then, with slight warning, finds himself on the other side of the consultation desk.

"Severe illness wasn't life-altering, it was life-shattering... The lung cancer diagnosis was confirmed. My carefully planned and hard-won future no longer existed."

The second half of the book describes a medley of oncologists, CT scans, drug regimes, hospital admissions, and sad gatherings with family and the colleagues he can no longer work with.

He describes his last operation (published in The New Yorker earlier this year) involving spinal nerve surgery, when an assisting doctor makes a slip that needs rectification.

When done, it was over to Kalanithi to close up, in every sense.

He gathered his things, accumulated over seven years of work, and drove home: "I hung up my white coat, and took off my ID badge. I pulled the battery out of my pager. I peeled off my scrubs and took a long shower."

While the doctor had become the patient, he was also the father of a baby girl, to whom the book he was writing would be dedicated.

Sprinkled with references to T S Eliot - after diagnosis, he mentions being "lost in a featureless wasteland of my own mortality" - Graham Greene, the scriptures and more, it is a literate insight to the medical world.

In the words of Henry Marsh, another neurosurgeon/author (Do No Harm), "Every doctor should read this book... it helps us understand and overcome the barriers we all erect between ourselves and our patients."

It is just as relevant to those on the other side of the desk.

PREPARING YOUR SMSF
FOR END OF FINANCIAL YEAR

The end of financial year is fast approaching. Preparation for this, especially for Self-Managed Super Fund (SMSF) trustees is vitally important. This is especially the case with the upcoming rule changes to collectible, guidelines for limited recourse borrowing arrangements (LRBAs) and adviser licensing, which if mismanaged could run the risk of incurring financial penalties.

Things to consider before 30 June are:

- Consolidation of any accumulation that has built up as of 30 June 2015 with existing pensions, to ensure the maximum amount is in the pension phase
- Double-check balances to ensure members are taking the minimum pensions, especially if age changes have moved them to a new scale, such as 65, 75 or 80
- For younger trustees, consider super splitting fiscal 2015 contributions before 30 June
- In May, check how much of your contribution cap (currently $30,000 for those aged under 49 or $35,000 for those over 49) you have used and look to boost salary sacrificing before year-end
- Check the value of any in-house assets; if they have risen by 5 per cent or more, then as of 1 July 2016 you will be in breach of the limit and must then dispose of the entire investment within 12 months
- If your spouse has assessable income plus reportable fringe benefits totalling less than $13,800, consider making a spouse contribution
- Check your statements to ensure you have not paid expenses on behalf of the SMSF from personal monies which can be treated as a contribution for a tax deduction, or this may mean you have exceeded your contribution cap
- If starting a pension before budget night, ensure you have lodged your notice of intent to claim a deduction
- Consider transferring shares into the SMSF while their price is low so you can minimise capital gains tax. Look at making off-market transfers of shareholdings in blue-chip companies to your fund
- For those with a large taxable income this year who are expecting a lower income next year, consider a contribution allocation strategy to maximise deductions for the current financial year (known as a "contributions reserving" strategy).

SMSF CHANGES FOR 2017

There is a major change concerning adviser licensing requirements from 1 July. From this date advice regarding the establishment, investment strategy and closure of a fund can only be provided by an adviser with an Australian financial services license (AFSL). This excludes regular accountants, who can only provide SMSFs with administrative support, compliance and taxation advice.

In light of these changes Thomas Noble & Russell would like to make you aware of our ongoing ability to handle these matters for SMSFs through TNR Wealth Management (Authorised Representative of Magnitude Pty Ltd AFSL 221557).

Should you have questions regarding SMSFs, SMSF rule changes, wealth creation, wealth protection, cash flow management, debt management, retirement planning or any other financial planning need, please call on 02 6621 8544 or email info@tnrwealth.com.au.

**This article is to be used as a source of information and not considered as financial advice. For financial advise you should speak to one of our financial advisers and for tax advice speak to a registered tax agent, typically an accountant. *Additional Article sources of information include Australian Taxation Office, Morningstar, SuperCentral and SuperGuide*

China – a land of changed contrasts

Changes in the people's transport highlights how age-old China has modernised in just a few decades, as GP Speak's Angela Bettess found on a recent visit.

My husband Paul travelled to China in the 80s and still recalls how much change has occurred in this time. At that time an escorted tour was a pre-requisite to travelling there and, disembarking from the plane in Beijing airport, his first glimpse of engineering was the construction of runways with the aid of trucks, wheelbarrows and rocks.

People were dressed in clothing reflecting the Mao Tse-Tung era and there was a strong military presence. Most vehicles were black military cars; bicycles were the main form of the ordinary people's transport, apart from rundown public buses.

How massively different nowadays! On our visit we saw amazing freeways and fast bullet trains that travel at speeds of up to 400 kph. There were very few bicycles or rickshaws (for goods, not people) on the streets, these having been replaced by motorbikes, often with electric motors.

Official China is aware of its pollution problems, and is now working to address this crucial issue. However, its increasing wealth is reflected in the expensive and modern cars that overwhelm the streets. Today's revolution is one of rising expectations.

Although the younger and more educated people do speak other languages, foreigners face significant barriers, even in the main cities, with signs and menus often only in Chinese.

In a restaurant in Shanghai, we found glossy images of the dishes available but it was still difficult to know the ingredients. After using our Pictionary skills with the waitress (unsuccessfully), I decided to nudge the Chinese man next to me. His meal looked good and, with the menu in hand, he pointed to the dish, which we then ordered.

When it arrived, it tasted good (and very spicy due to the large volume of chilli) but the meat in the dish had extremely small bones. Perhaps quail, we thought but the following day after quizzing our guide we discovered it was a frog stir fry.

By the time we reached Beijing we had learnt a lot more about Chinese cuisine, and how to order it. The markets in Beijing sold skewers of spiders, snake, grasshoppers, frogs and caterpillars. On the menus we noted sparrow, bamboo worms, chicken heads and lots of other ingredients I have chosen to forget!

Traditional Chinese Medicine store in Hangzhou

Another area of Chinese life which has been brought forward into modern times is the use of traditional Chinese Medicine.

Our private tour in China meant that we had a different tour guide in each place. All of the guides were young, educated and spoke good English. Yet their reliance on traditional Chinese medicine for common ailments, both for themselves and their families, was significant.

Attending a local doctor is likely to result in a prescription for natural medicine. Prescriptions for various combinations of herbs, plants and extracts would be taken to a traditional medicine store to be packaged. Also, old medicinal recipes, passed down in families, might be used for common ailments. Western medicine is available but seems to be a secondary choice.

Yet the modernisation of China is apparent in their buildings and, as noted, the transport.

In Shanghai, the transformation of the city showed clearly, with the dividing line being the curving river. To the west of the river, the historical buildings reflected the history of the city but, on the other bank, the massive skyscrapers with contemporary architectural designs showed the modern changes over recent decades.

Ascending the currently tallest building in Shanghai took about 45 seconds to the 96th floor, with another lift to take us to the pinnacle of 100 floors. By then we were half a kilometre above the ground.

At night, people flock to the Bund area along the river for the display of lights and signs. Beijing does not have the massive skyscrapers of Shanghai but the multistorey buildings have been constructed similarly around the old centre of the city with its hutongs and stone bridges over canals. Here, a tourist can take a rickshaw around the area or a gondolier-style boat down the canal.

For pedestrians, there are often overpasses or underpasses to walk through. If you do need to cross the street, pedestrian lights assist to a certain degree but don't trust the drivers to strictly adhere to your green walking signal ... keep your eyes dodging left and right to make sure you make it safely across.

To our relief, we did and arrived home safely to tell the tale.